

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

PSYCHOLOGY EXAMINING BOARD

APPLICATION FOR LICENSE TO PRACTICE PSYCHOLOGY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public
Check box if you wish your name & address withheld from lists of 10 or more credential holders
(sec. 440.14, Stats.)

Last Name	First Name	MI
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of birth _____ month day year	Daytime Telephone Number () - _____
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List all former names and aliases and identify the state in which you were licensed using that name: _____

Ethnic/gender status information is optional	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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School Name: _____

School Address: _____

Date Degree

(City)

(State)

Conferred:

month/day/year

Date all degree

Optional:

requirements met:

month/day/year

Degree: _____

Specialty: _____

APPLICATION FEES: Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

____ **EXAM APPLICANTS (EPPP & State Law Exam)**

\$ 75.00 Initial Credential Fee

\$ 75.00 State Law Exam

\$ 15.00 Contract Exam Fee

\$ 165.00 Total Fee Attached

____ **RECIPROCAL APPLICANTS (Licensed in another state that is part of the ASPPB-Reciprocity Agreement. For a list of current members go to www.asppb.org)**

\$ 170.00 Reciprocal fee

\$ 75.00 State Law Exam

\$ 245.00 Total Fee Attached

____ **COMITY APPLICANTS (Licensed in another state which is not a member of the ASPPB Reciprocity Agreement.)**

\$ 170.00 Reciprocal fee

\$ 75.00 State Law Exam

\$ 245.00 Total Fee Attached

____ **HOLDERS OF CERTIFICATE OF PROFESSIONAL QUALIFICATIONS OR SENIOR PSYCHOLOGIST APPLICANTS (State Law Exam)**

\$ 170.00 Reciprocal Fee

\$ 75.00 State Law Exam

\$ 245.00 Total Fee Attached

For Receiving Use Only

Wisconsin Department of Safety and Professional Services

Education:

Date Doctoral Degree Received	Educational Institution	Check if regionally accredited	Department	Major as Shown on Transcript	Date Degree Requirements Fulfilled

Title of Dissertation: _____
Dissertation Committee
Chair (Name): _____

EXPERIENCE AND PRACTICE:

1. Place of current employment (name, address, supervisor). Describe your duties here.

2. Please attach a vita which includes all experience you believe is pertinent to the practice of psychology.

I am or was previously credentialed in the following states and have requested each to send confirmation of my licensure, or complete Form 3004 CREDENTIAL VERIFICATION, or I have attached a copy of a web-page that meets the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA) standards for primary source verification. (If none, enter N/A or “not applicable.”)

State	Name or type of certification

Attach additional listings on a separate sheet of paper

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Please list any diplomate certifications by the American Board of Professional Psychology¹:

Specialty Board Name:	Issue Date	Expiration date	Certification number

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)		YES	NO
1.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? • If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever failed any state board examination, national board examination, or EPPP examination? • If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? • If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is disciplinary action pending against you in any jurisdiction? • If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any felony or misdemeanor charges pending against you? • If yes, complete FORM 2252 CONVICTION AND PENDING CHARGES. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever been convicted of a misdemeanor or a felony? Are you on probation, incarcerated, or on parole/extended supervision for any conviction? • If yes to either question, complete FORM 2252 CONVICTION AND PENDING CHARGES, following all instructions. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have any suits or claims ever been filed against you as a result of professional services? • If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of questions 8-11, the following phrases or words have the following meanings:

"Ability to practice psychology" includes all of the following:

1. The cognitive capacity to make appropriate diagnoses, provide competent services, and exercise reasoned psychological judgment; and to learn and keep abreast of developments pertaining to the practice of psychology; and
2. The ability to communicate and convey those judgments and psychological information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform psychology tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, cognitive or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

¹ See <http://www.abpp.org/i4a/pages/index.cfm?pageID=3286>

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"Chemical substances" includes alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**. It does not mean "on the day of," or "in the weeks or months preceding" the completion of this application.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled dangerous substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets as necessary)		YES	NO
8.	Do you have a medical condition that may (or whose treatment may) impair or limit your ability to practice psychology with reasonable skill and safety? • If yes, please attach a separate sheet explaining how you have reduced or ameliorated the impairment or limitation by: a. treatment (with or without medications), b. participation in a monitoring program, or c. adjustments to the setting or the manner in which you have chosen.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your use of chemical substance(s) in any way impair or limit your ability to practice psychology with reasonable skill and safety? • If yes, please attach a separate sheet explaining how you have reduced or ameliorated the impairment or limitation.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you currently abusing or dependent on alcohol or a controlled dangerous substances? • If yes, attach an explanation on a separate sheet describing any current participation (or lack of participation) in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not engage in the illegal use of controlled dangerous substances.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been diagnosed with or have you ever been treated for a paraphilia? • If yes, please attach an explanation on a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANTS CREDENTIALLED IN ANOTHER STATE MUST COMPLETE THE FOLLOWING STATEMENTS:

- ☐ I understand that if any jurisdiction has suspended, revoked, or issued any other sanction against any state issued credential, it may constitute sufficient grounds for similar actions against my Wisconsin license.
- ☐ I understand that I am agreeing to a waiver of confidentiality for any state, territory, province or jurisdiction reporting any and all complaints pending against me.

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

- ☐ a citizen or national of the United States, or
- ☐ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

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ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT (Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of _____ 20

by _____
(Applicant name)

Signature of Notary Public

Date Commission Expires

S E A L

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.² A form for **submitting a statement that you do not have a social security number is available from the department.**

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth _____
month day year

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,³ to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,⁴ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁵

EMAIL ADDRESS:

Do you have an email address? ☐ Yes ☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address, printing in the spaces provided below, or typing on the line below.

[illegible]

Typed: _____

If none, your checklist will be sent by first class mail.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

² Section 440.03 (11m), Wis. Stats.

³ Sections 49.22, and 440.13, Wis. Stats.

⁴ Section 440.12, Wis. Stats.

⁵ Health Insurance Portability and Accountability Act (HIPAA) of 1996